

For 6th, 7th and 8th Grade Students

Holy Family Middle School Youth Group Registration Form for 2016-2017 School Year

IMPORTANT: If your child needs preparation for First Communion use yellow registration form; they are welcome to also participate in Middle School Youth Group, in which case, please use both forms. Please return this form one week prior to the start of group sessions. Once registered and paid, simply come to Room 14 in the Activity Center at the time below; please note on your calendar.

Date of First session: Wednesday, October 5th, 2016

Class time: 6:30-7:00 p.m. Social Time in Room 14; 7:00-8:30 p.m. Group sessions (Ends in Gym)

Grade choice: 6th Grade Girls 7th Grade Girls 8th Grade Girls
 6th Grade Boys 7th Grade Boys 8th Grade Boys

Student's Name _____ M/F _____
First Middle Last Gender Age Birthdate

Name student is usually called _____ **Language spoken at home:** _____

Student's Mailing Address _____

_____ Both Mom Dad Other
City State Zip Code Lives With?

Has this child received? Baptism (call 966-5344 to learn how) Reconciliation(Confession) First Communion
If your child needs Sacraments of Reconciliation and First Communion, please use yellow form to register your child.

Medical or emotional info we should know: _____

Are you a registered Holy Family Parishioner? Yes No **If no, where you attend:** _____

Email Address: _____ @ _____

Mother _____ Y/N Y/N Y/N
First Name Middle Maiden Last Baptized? First Comm? Confirmed?

Address (if different from student's) _____ City State Zip Code

Father _____ Y/N Y/N Y/N
First Name Middle Last Baptized? First Comm? Confirmed?

Address (if different from student's) _____ City State Zip Code

Siblings' Names: If also registered in religious ed. _____

Parents – if you are interested in becoming Catholic, please call (509) 966-5344.

Phone Numbers

Mother's cell/work/home (____) _____ - _____ Father's cell/work/home (____) _____ - _____
_____'s cell/work/home (____) _____ - _____ _____'s cell/work/home (____) _____ - _____

Tuition

One (1) student registered in family

\$25.00 with volunteer* hours

\$40.00 w/o volunteer* hours

Two or more (2+) students registered in family

\$50.00 for all in family with volunteer hours

\$65.00 for all in family w/o volunteer hours

Scholarship needed? – check box (With volunteer* hours; check boxes below)

*Volunteer Choices:

Bazaar Yard Sale Baking Picnic VBS/BEARS Music Driver
 Event Set-up Event Clean-up Crab Feed Fund raisers Children's Liturgy Other _____

Mail to address below -or- **Drop off** at Parish Office (west of church) or Religious Ed. office (Rm. 11 of Activity Center)

Check box if you DO NOT give permission to use pictures or videos of your child on our Holy Family website or in church related presentations.

Holy Family Parish, 5315 Tieton Drive, Yakima, WA 98908 Parish Office (509)966-0830 Parish Office Fax (509)965-1742

Religious Education Office (509) 966-0788 Religious Education Fax (509) 965-0288

Parent Signature _____ **Date** _____

In cases of inclement weather, use your own judgment and stay home if it is not safe.

Office use only
Posted Amt. _____
Cash Check # _____

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DIOCESE OF YAKIMA

FIELD TRIP

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name _____

Birth date _____ Gender _____

Parent/Guardian's name _____

Home address _____

Home phone _____ Work phone _____

I, _____, grant permission for my child, _____,
Parent/Guardian name Child's name

to participate in this parish/school/youth ministry event that requires transportation to a location away from the parish/school/youth ministry site. This activity will take place under the guidance and direction of employees and/or volunteers from _____
Holy Family
Name of parish/school youth group

A brief description of the activity follows:

Type of event All Field Trips during the year 6/1/2016 through 5/31/2017

Date of event October 2016, December 2016 TBA and March or April 2017 TBA

Destination of event Schell's Corn Maze, Nursing Home and others TBA

Individual in charge Rose Meyer, Director of Religious Education

Estimated time of departure and return Varies - generally between 6:30 & 9:00 p.m.

Mode of transportation to and from event Private vehicle or walking for caroling

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Holy Family, its officers, directors, employees & agents,
Parish/school/youth group

And the of Yakima, its employees, and agents, chaperons, or
(Arch)Diocese

representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school/youth group, its officers, directors and agents, and the Yakima, -
(Arch)Diocese

its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claims arises from the negligence of the parish/school/youth group or Yakima.
(Arch)Diocese

Signature _____ Date _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.) I understand that my medical insurance is always primary.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. **Please be aware that your medical insurance is always primary.** In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship _____ Phone _____

Family doctor _____ Phone _____

Family Health Plan Carrier _____ Policy # _____

Signature _____ Date _____

Other Medical Treatment: In the event it comes to the attention of the parish/school/youth group, its officers, directors, and agents, and the, (Arch)Diocese _____ of Yakima, _____ chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as a headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature _____ Date _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature _____ Date _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature _____ Date _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature _____ Date _____

Specific Medical Information: The parish/school/youth group will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

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FIELD TRIP (FILL OUT ONLY IF SERVING AS FIELD TRIP DRIVER)

VOLUNTEER DRIVER INFORMATION FORM

Driver:

Name of Driver _____ Date of Birth _____

Address _____

Home Phone # _____ Cell Phone # _____

Driver's License # _____

Date of Expiration _____ State Issued _____

Vehicle That Will Be Used:

Name of Owner _____ Address _____

Year, Make & Model of Vehicle _____ Phone # _____

License Plate Number of Vehicle Used _____ Date of Expiration _____

If more than one vehicle is used, the aforementioned information must be provided for each vehicle.

Insurance Information:

Insurance Company's Name _____ Policy # _____

Liability Limits of Policy* _____ Date of Policy Expiration _____

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

Agent's Name _____ Agent's Phone # _____

In order to provide for the safety of our students or other members of the parish/school/youth group and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years. TRUE:___ FALSE:___
2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. TRUE:___ FALSE:___
3. I have had no more than three moving violations or accidents in the last three years. TRUE:___ FALSE:___

Please be aware that as a volunteer driver, your insurance is primary.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that driving for Church/School/Youth Ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students/participants. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Volunteer Driver Signature

Date

Thank you for helping us with our transportation needs.

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ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors,
Full Name

and personal representatives, to hold harmless and defend _____,
Holy Family
Parish/School/Youth Group

_____ its officers, directors, agents, employees, or
Yakima
(Arch) Diocese

representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the trip.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give my permission for the necessary emergency treatment to be administered.

Please advise the doctors that I have the following allergies: _____

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____ Relationship to me: _____

Daytime Phone: _____ Nighttime Phone: _____

Health Insurance Carrier _____

Insurance ID Number _____ Insurance Policy Number _____

Signature

Date

Print Name